PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								09444284					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH					
T	OTAL CLAIM	S	- (Colui	(Coldinir 1)		(Column 2)				OF	SMAL	ENTITY	
							RA		FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	385.00	OF	BASIC FE	E 770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		×\$	9=		OR	X\$18=		
 	DEPENDENT (minus 3 =		*		X4	3=		OR	X86=			
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT				+14	5=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT	ΑI		OR	L	ļ	
CLAIMS AS AMENDED - PART II									L	1011		THAN	
2	-9-04 (Column 1)		(Columi		nn 2)	n 2) (Column 3)		SMALL ENTITY		OR SMALL ENTIT			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*22	Minus	** 4	9	= -	X\$ 9)=		OR	X\$18=		
AME	Independent * Minus FIRST PRESENTATION OF MULTIPLE DE		*** /7	CL A114	= -	X43	=		OR	X86=			
	1110111120	ENTATION OF MI	JEHPLE DE	PENDENT	CLAIM		+145	=		OR	+290=		
								TAL			TOTAL		
		(Column 1)		(Colum	n 3)	(Column 3)	ADDIT. F	EEL			ADDIT. FEE	L	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA	RAT	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=		
A ME	Independent	*	Minus	***		=	X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		UH			
				٠		+145	L		OR	+290=			
							TOT ADDIT. F			OR A	TOTAL DDIT. FEE		
_		(Column 1)	·	(Columr	_	(Column 3)							
וב		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	1		ا م	X\$18=	<u>ree</u>	
	ndependent		Minus	***		=		+		OR			
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		X43=	+		OR -	X86=		
* 1f (he entry in colum	no 1 in long them the					+145=	ŀ	(OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
Tr	ne "Highest Numb	per Previously Paid	For" (Total or	Independent)	is the h	ighest number f	ound in the	appro	priate box				